CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24		1				
25	1					
26		1				
27						
28						
29						
30						
31						
32						
33						
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45	1					
46	1					
47	1					
48	1					
49		1				
50		1				
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64		1				
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66	1					
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74				1		
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						